



LETTER OF RECOMMENDATION
REQUEST FORM

281.469.8829 (OFFICE)
281.469.6040 (FAX)

Student's Last Name

First Name

DATE REQUESTED: _____

Protocol for acquiring a letter of recommendation from administration, faculty or staff member at CCS:

- 1. Include the complete mailing address for the recommendation.*
- 2. A resume should be attached to this form in order for the individual to write the appropriate letter of recommendation.*
- 3. Allow 5 school days for processing this request.*
- 4. The student will pick up all letters of recommendation from the individuals they have requested letters from, which will be done in accordance with the 5 school day policy stated in point #3.*

RECOMMENDATION NEEDED: _____

(Character, academic achievement, athletic, service, leadership)

TITLE OF INSTITUTION or NAME OF SCHOLARSHIP

TRANSCRIPT NEEDED TO ACCOMPANY RECOMMENDATION? Y or N

DATE FOR PICK-UP: _____

MAILING ADDRESS: _____

STUDENT'S SIGNATURE: _____